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TO: Examiner Ryan A. Lepisto
U.S. Patent & Trademark Office
Group Art Unit 2883

FROM: Michael K. O'Neill (Reg. No. 32,622)

RE: U.S. Patent Application No. 10/541,240
Atty. Docket No. 03500.018212.

FAX NO.: (571)273-8300

DATE: March 3, 2009

NO. OF PAGES: 16
(including cover page)

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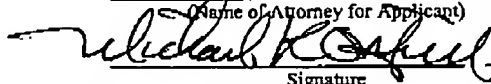
MESSAGE

Attachments: Transmittal, Amendment and Replacement Drawings for Figures 8 and 9.

I hereby certify that this correspondence is being transmitted via facsimile
to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-
1450, (571) 273-8300, on

March 3, 2009
(Date of Deposit)

Michael K. O'Neill (Reg. No. 32,622)
(Name of Attorney for Applicant)


Signature

March 3, 2009
Date of Signature

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In re Application of:

Docket No. 03500.018212.

TOSHIHIKO OUCHI

Application No.: 10/541,240

Examiner: Ryan A. Lepisto

Filed: July 1, 2005

Group Art Unit: 2883

For: HIGH FREQUENCY ELECTRICAL
SIGNAL CONTROL DEVICE AND
SENSING SYSTEM

Date: March 3, 2009

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.
The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 14	MINUS	** 30	= 0	x \$26 \$52	0
INDEP. CLAIMS	* 2	MINUS	*** 4	= 0	x \$110 \$220	0
Fee for Multiple Dependent claims \$195 ⁰ /\$390						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						0

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
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Michael K. O'Neill (Reg. No. 32,622)
(Name of Attorney for Applicant)

Michael K. O'Neill March 3, 2009
Signature Date of Signature

☐ Verified Statement claiming small entity status is enclosed, if not filed previously.

☐ A check in the amount of \$_____ is enclosed.

☐ Charge \$_____ to Deposit Account No. 06-1205.

☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205.

☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.

☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.

☒ Applicant's undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Michael K. O'Neill
Attorney for Applicant
Registration No.: 32,622

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